WRITE IN YOUR OWN WORDS HOW THE ACCIDENT OCCURRED						
WAS THE VEHICLE EQUIPPED WITH SEAT BELTS?	[] YES					
IF YES, WERE THEY IN USE AT TIME OF ACCIDENT?	[] YES					
SIGNATURE OF OPERATOR	DATE					
ENSURE THAT ALL QUESTIONS ARE ANSWERED COMPLETELY.						
SIGNATURE OF HEAD OF AGENCY	DATE					

OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT

		THIS FORM IS TO BE FILLED OUT BY THE GOVERNMENT OPERATOR AT THE TIME AND AT THE SCENE OF THE ACCIDENT, INSOFAR AS POSSIBLE.						
SECTION I		DEPARTMENT / AGENCY						
	TOR	NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED						
	OPERATOR	PLEASE PRINT FULL NAME						
		RANK, RATING OR TITLE		VIRGIN ISLANDS LICENSE NUMBER				
		HOME ADDRESS (Street, City, State)		TELEPHONE				
SECTION II		DATE AND DAY OF WEEK OF ACCIDENT		HOU	HOUR (A.M. OR P.M.)			
	PLACE	PLACE OF ACCIDENT						
	TIME AND PLACE	FROM WHAT LOCATION TO WHAT LOCATION WERE YOU TRAVELING?						
	E	FOR WHAT PURPOSE?						
SECTION III	CLE	MAKE				REGISTRATION NO. (or other Identification)		
	YOUR VEHICLE	PARTS OF VEHICLE DAMAGED (Describe)						
_		ESTIMATED AMOUNT OF DA	MAGE \$	TYPE			YEAR	
	. a							
Ę	age 2	OPERATOR'S STATE LICENSE	NUMBER	VEHICL	VEHICLE LICENSE NUMBER			
	icles see page 2	OPERATED BY (Full Name)		VEHICL	/EHICLE OWNED BY (Full Name)			
SECTION IN OTHER VEHICLES AND PROPERTY	` _	OPERATOR'S HOME ADDRESS(Street, City, State)		State)	OWNERS ADDRESS (Street, City, State)			
	for additional vel	PARTS OF VEHICLE DAMAGED (Describe)						
į	for ac	ESTIMATED AMOUNT OF DAMAGE \$						
)	OTHER VEHICLES OR PROPERTY DAMAGED (Describe)						

		٦	NAME	HOME ADDRESS				
-	>	PERSONS INJURED						
	SECTION V	NSIN						
	SE	ERSO						
		Ь						
SECTION VI	Z	YOUR VEHICLE						
	ANTS							
	100 100							
SECTION VI	TS IN	OTHER VEHICLE						
	UPAN	ER VE						
	8	OŢ						
		삥						
	₹	WITNESS AND POLICE						
	SECTION VIII	SAN						
	SE(SEC TNES	DOLLES OFFICED	B4B65.40	DDECIMET OF USE			
		≷	POLICE OFFICER	BADGE NO.	PRECINCT OR HQS.			
			YOUR VEHICLE	OTHER VEHICLE				
			DIRECTION OF TRAVEL	DIRECTION OF TRAVEL				
			SIDE OF STREET OR HIGHWAY	SIDE OF STREET OR HIGHV	VAY			
			APPROXIMATE SPEED (MPH)	APPROXIMATE SPEED (MPH)				
				7 THOMAS TEE (IVII	.,,			
	×	DENT	CONDITIONS OF ROADWAY (Wet or dry, etc.)					
Ę	SECTION IX	THE ACCIDENT	WEATHER CONDITIONS (Clear, foggy, rain, etc.)	TYPE OF ROADWAY (Conci	rete, asphalt, etc.)			
	S	퇸	OTHER INFORMATION (Indicate stop signs, traffic lights, obstructions, etc.)					
			, j j j g dodd dellond, etc./					

	l	IF MEDICAL AID RENDERED, STATE BY WHOM	WHERE WAS INJU	RED TAKEN			
	DENT	CONDITION OF OTHER DRIVER					
	SECTION X EVENTS AFTER THE ACCIDENT	IF OTHER DRIVERS OR PERSONS INJURED MA OF ACCIDENT AND EXTENT OF PERSONAL CONVERSATION, NAMES AND ADDRESSES OF	OR PROPERTY DA	MAGE, RELATE			
	ENTS A						
	<u>a</u>						
		NAME	TYPE	YEAR			
	È	OPERATOR'S STATE PERMIT NUMBER	VEHICLE LICENSE NU	MBER			
		OPERATED BY	OWNED BY				
	ON XI	ADDRESS (Home)	OWNER'S ADDRESS (RESS (Business)			
	SECTION XI	PARTS OF VEHICLE DAMAGED (Describe)	1				
CT OR HQS.	- Ē	OTHER PROPERTY DAMAGED (Describe)					
		XII. INDICATE BY DIAGRAM BELOW WHA	T HAPPENED				
	XII OTHER VIOLATIONS	1. Number Government vehicle as 1, other vehicle as 2 and additional vehicle as 3, and show direction of travel by arrow Example: 2. Use solid line to show path before accident Broken line after accident 1. Number Government vehicle as 1, other vehicle as 2 and additional vehicle as 2 and additional vehicle as 2. The vehicle as 2 and additional vehicle as 2. The vehicle as 2 and additional vehicle as 3. The vehicle as 2 and additional vehicle as 3. The vehicle as 2 and additional vehicle as 3. The vehicle as 2 and additional vehicle as 3. The vehicle as 3. The vehicle as 2 and additional vehicle as 3. The vehicle as 4. The vehicle	3. Show pedestrians 4. Give names or nun highways. 5. Indicates north by	nbers of street or			
alt, etc.)							
	ACCIDI	MOVING VIOLATION	DATE OF VIOLATIO	ON			
		MOVING VIOLATION	DATE FO VIOLATIO	ON			